

# 2011 Military Health System Conference

## Mental Health Staffing: Where We Were, Where We Are, and Where We're Going

*The Quadruple Aim: Working Together, Achieving Success*

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Navy Medicine  
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# Navy Medicine & PHRAMS



CONUS MTF



OCONUS MTF



**Navy Medicine**  
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**Anywhere**

Hospital Ships



Aircraft Carriers



Casualty Receiving Ships



Blood Banks/Products



Expeditionary Medicine



Fleet Marine Force



Preventive Medicine



Fleet Surgical Support



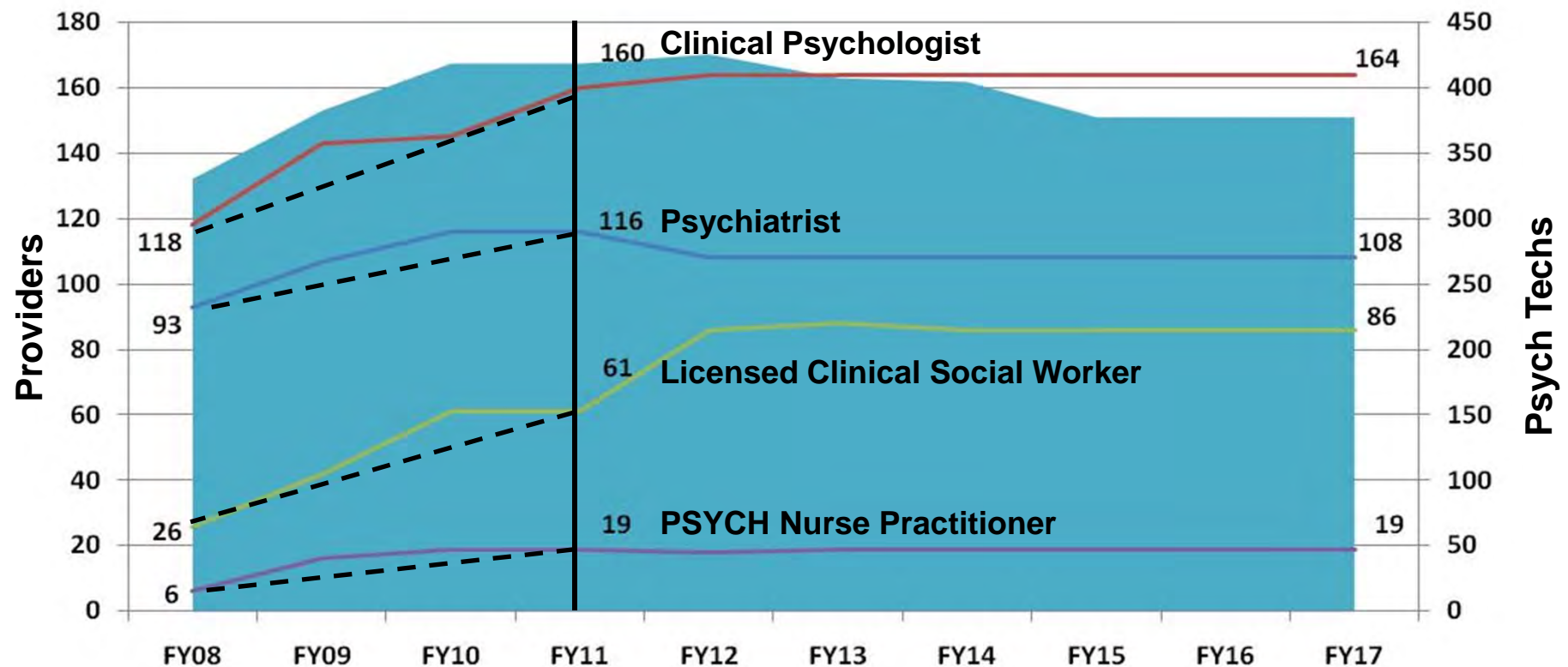
# Total Force Background



- Where we were: Oct '07, Mental Health Working Group: needs assessment level
  - 105 provider deficit (Psychiatry, Psychology, Social Work, Psychiatric Nursing) to fill authorized billets and meet deployment requirements
    - Complicating the 105 gap
      - Congressional Mandates: Mil to Civ Conversions, Reversals, and Restorals
      - Scope: Social Work, Occupational Therapy, Audiology
      - Culture: stigma of mental health
- Where we are: evaluating alignment of resources
  - population demand by specialty with the right support ratios, mix, and Federal Service partnering

# Staffing: NDAA 2010 SEC. 714

Increase DoD Mental Health Capabilities: Active Duty Navy



2006  
Post Deployment  
Health & Readiness  
Assessment  
(PDHRA)

2007  
Navy Medicine  
Mental Health  
Working Group  
(OIPT)

2008  
Psychological  
Health  
(PH)

2008  
Traumatic  
Brain Injury  
(TBI)

2009  
Wounded III  
& Injured  
(WII)



# Methodology of Moving Forward



- Analyze the shadow effects of the long war:
  - Estimate the size of risk adjusted population demand for psychological health for each environment (MTF, Program, Operational, Home)
    - PHRAMS unique statistical estimation of demand – data source M2
  - Analyze purchased or direct care demand on the health system
    - Demand Based Staffing Model (DBSM) – data source M2
  - Conduct local market labor analysis
    - (ALTARUM Market Staffing Analysis)

# Observations & Recommendations



- Funding: infusion of cash drives initial inefficiencies
- Support Staff Ratios: analysis by mental health specialty by tasks and programs
- Enhance use PHRAMS: statistical analysis profiles to improve education, training, and readiness for pre and post deployment
- Explore alternative technologies: telemedicine and personal avatar
- Evaluate feasibility of on/off ramps with the PHS
- Leverage PHRAMS as an approved Tri-service tool, not as the single MHS Model

# Questions/Comments



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